EXHIBIT 4
DEPOSITION OF
DR. VINCENT LAW

IN THE UNITED STATES DISTRICT COURT

FOR THE MIDDLE DISTRICT OF ALABAMA

NORTHERN DIVISION

DANIEL BRYAN KELLY,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	Civil Action No.
	)	2:05-CV-01150-MHT
	)	
RICKY OWENS, et al.,	)	
	)	
Defendant.	)	

DEPOSITION OF DR. VINCENT LAW

S T I P U L A T I O N S

IT IS STIPULATED AND AGREED, by and between the parties through their respective counsel, that the deposition of DR. VINCENT LAW may be

taken before Sandra Peebles Daniel, Commissioner, Notary Public, State at Large, at the office of Dr. Vincent Law, Temple Medical Clinic, 1120 Airport Drive, Alexander City, Alabama 35010, on the 5th day of December, 2007, beginning at approximately 1:00 pm.

IT IS FURTHER STIPULATED AND AGREED that the reading of and signature to the deposition by the witness is waived, the deposition to have the same force and effect as if full compliance had been had with all laws and rules of Court relating to the taking of depositions.

IT IS FURTHER STIPULATED AND AGREED that it shall not be necessary for any objections to be made by counsel to any questions, except as to form or leading questions, and that counsel for the parties may make objections and

assign grounds at the time of the trial, or at the time said deposition is offered in evidence, or prior thereto.

IT IS FURTHER STIPULATED AND AGREED that notice of filing of the deposition by the Commissioner is waived.

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EXHIBITS

FOR THE DEFENDANT: (Continued)
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(Typed prescription, 2-2-04)

APPEARANCES

BEFORE:
Sandra Peebles Daniel,
Commissioner, Notary Public

FOR THE PLAINTIFF:
Mr. Richard J. Stockham
STOCKHAM, CARROLL & SMITH, P.C.
2204 Lakeshore Drive
Suite 114
Birmingham, Alabama 35209

FOR THE DEFENDANT:
Ms. Kristi McDonald
MCDONALD & MCDONALD
1005 Montgomery Highway
Birmingham, Alabama 35216

FOR THE DEFENDANT: (continued)
Mr. Gary L. Wilford, Jr.
WEBB & ELEY, P.C.
7475 Halcyon Pointe Drive
Montgomery, Alabama 36124-0909

I, Sandra Peebles Daniel, a Court Reporter of Birmingham, Alabama, Notary Public, State at Large, acting as Commissioner, certify that on this date, as provided by Rule 30 of the Alabama Rules of Civil Procedure, and the foregoing stipulation of counsel, there came before me at the office of Dr. Vincent Law, Temple Medical Clinic, 1120 Airport Drive, Alexander City, Alabama 35010, on the 5th day of December, 2007, at or about 1:00 pm., DR. VINCENT LAW, witness in the above cause, for oral examination, whereupon the following proceedings were had:

THE COURT REPORTER: Usual stipulations?
MR. STOCKHAM: Yeah.
MR. WILFORD: Yes, ma'am.

DR. VINCENT LAW,
having first been duly sworn, was examined and testified as follows:

EXAMINATION BY MR. STOCKHAM:

Q. Dr. Law.
A. Yes, sir.
Q. My name is Richard Stockham and I represent Daniel Bryan Kelly in this matter. Could you -- I'd like to get some background information if I could.
A. Yes, sir.
Q. Have you ever given a deposition before?
A. No, sir.
Q. Okay.
A. This is my first one.
Q. Then if -- what I'm going to do is I'm going to ask you questions. And if you'll just answer me. If you don't understand me just tell me. I'll repeat it or

go back over it.
A. Okay.
Q. What I'd like to do first is go through your background and get your medical qualifications.
A. Yes, sir.
Q. First of all, where do you practice?
A. Alexander City.
Q. Are you a medical doctor?
A. Yes, sir.
Q. Where did you go to medical school?
A. At the University of South Alabama College of Medicine.
Q. And when did you graduate from USA College of Medicine?
A. 1997, I believe. Yes.
Q. And did you -- where did you go for your residency?
A. I went to the family practice residency program at Tuscaloosa.

Q. And how long did you -- how long were you there in the family practice residency program?
A. Three years.
Q. Where did you go after the three years in the family practice residency program?
A. Here.
Q. Now --
A. This is the only practice I've --
Q. Your -- do you have any specialties?
A. No, sir.
Q. Do you -- are you board certified in any areas?
A. I'm board certified in family medicine.
Q. Now, are you licensed to practice medicine in the state of Alabama?
A. Yes, sir.
Q. When did you get your

license to practice medicine in the state of Alabama?
A. That would be 1997.
Q. And have you -- are you current on all of your continuing education to maintain your license?
A. Yes, sir.
Q. Now, with respect to your practice here, you began practicing family medicine here in Alexander City?
A. Yes, sir.
Q. And when was that?
A. That would be in 2000, August of 2000.
Q. And do you have privileges at any hospitals?
A. Yes, sir.
Q. What hospitals do you have privilege to practice at?
A. Russell Medical Center.
Q. And do you practice in the family medicine area at Russell

Hospital?
A. Yes, sir.
Q. Are you a general practitioner?
A. Yes, sir.
Q. Do you practice with any other doctors in your group?
A. Yes, sir.
Q. What other doctors do you practice with?
A. Dr. Temple and Dr. Corbin.
Q. And have you practiced with them since you came to Alexander City?
A. Yes, sir.
Q. Are they both family practice doctors?
A. Yes, sir.
Q. Now, if you will, describe for me -- do you see patients both here in your clinic and also at the hospital?
A. Yes, sir.

Q. How does that work?
A. As far as the call schedule is concerned, you know, I'm on call every other week. When I'm on call at the hospital I see patients in the morning at a little -- an hour later. So I make rounds in the morning and then I see patients again in the evening after my office hours.
Q. And how are patients assigned to you when you're in the hospital?
A. It -- well, of course, if they're out-patients they're admitted to our service. But if they're -- if they have no primary care physician then it just -- I don't want to say it's random but it's predetermined. So we have a list of unassigned call days that's printed out by the hospital every month.

Q. So if someone comes in to the emergency room and you happen to be on call then that's how you're assigned to that person?
A. Yes, sir.
Q. You -- if that person is someone else's patient, if that other doctor is not available do you take that patient --
A. Yes, sir.
Q. -- when he comes to the hospital? And who makes that assignment?
A. I'm sorry. I don't --
Q. Who makes the assignment to you if it's another doctor's patient but they're not available?
A. That's just an agreement between -- one physician to another physician.
Q. That's not something that's decided by the hospital?
A. No, sir. No, sir.

Q. I want --
MR. STOCKHAM: Have you finished reviewing the --
MS. MCDONALD: He's got it.
MR. STOCKHAM: Okay.
Q. I want to -- we are here today to talk about your treatment of Daniel Bryan Kelly and his -- back in January of 2004.
A. Yes, sir.
Q. I have reviewed the medical records from Russell Hospital and I'm going to show you what is the -- let me see if I have a copy -- a three-page document which is the history and physical exam -- I don't have a stapler. And I want to show you -- is this your history --
A. Yes, sir.
Q. -- and physical examination notes?

A. Yes, sir.
Q. Looking on the third page, is that your signature?
A. Yes, sir.
Q. And this reflects that it was dictated on the 16th and transcribed on the 17th?
A. Yes, sir.
Q. Now -- from the medical records. This was something that you would have dictated at the hospital and they'd have typed it up on the 17th and you would have signed it on the 17th?
A. Well, as far as when I actually signed it, it's hard to say.
Q. Well --
A. But it's usually pretty close.
Q. Now, if you will go through with me some of the facts that you recite in here.

A. Yes, sir.
Q. It reflects that -- the date of admission and the history of the present illness. Now, were you in the emergency room when he first came in or was he assigned to you after he came to the emergency room?
A. I believe he was assigned to me after he came to the emergency room. So I saw him when he was up on a floor.
Q. Okay.
A. Either the floor -- it looks like ICU. He was maybe admitted initially to the ICU.
Q. And is ICU, that's intensive care unit?
A. Yes, sir.
Q. Is that an area that you have privileges to practice in?
A. Yes, sir.
Q. And looking at -- under

the history of present illness it reflects at the very beginning that he was -- presented complaining of fatigue, malaise, increased confusion and increased yellowish discoloration of the skin.
A. Yes, sir.
Q. Were these complaints that he made to you or was that just something that you reviewed from the admission chart?
A. That I do not recall.
Q. This is -- it would have been one of those two things?
MS. MCDONALD: Object to form.
MR. WILFORD: Same objection. You can answer, Doctor.
THE WITNESS: Oh, I'm sorry.
MR. WILFORD: If we object to the form you can -- please, go right ahead and answer.

THE WITNESS: Okay. Okay. So we have -- objecting to now?
MS. MCDONALD: Just the way he's asked the question. It's --
THE WITNESS: Okay.
Q. (By Mr. Stockham) It's an objection to the form that I used.
But what I want to is: How would you have come to know that information?
A. Oh, whether or not it was from the ER report or whether or not he told me that himself, I mean, I can't recall.
Q. Any other way you would have known that, though?
A. No, sir. No, sir.
Q. It says, in addition he reported increased abdominal girth. When it -- is that likewise something he would have either told you in person or something that

would have been in a report?
A. No, that's --
MS. MCDONALD: Object to form.
Q. You can answer.
A. Oh, I can? All right.
I believe that's something that he told me.
Q. Next it says, he reports that his symptoms have been ongoing over the past four to five weeks but has recently -- and it's a period. Do you know what might have been after that period that didn't somehow get transcribed?
A. Probably, worse.
Q. Now, is that something he would have told you or something you would have found in a report?
A. Something that he would have told me.
Q. Okay.
A. Yes, sir.

Q. Then it says, he has noted that his urine has been darker than usual. Do you have any recollection about that conversation with him other than what you've got noted here?
A. No, sir.
Q. He was incarcerated for approximately two and a half months and approximately there was -- there has been some type of confusion in terms of his medication for his back pain and his bipolar disorder.
Now, that confusion that you have there, is that something that you would have taken by history or something you would have found from some other source?
A. That I cannot recall.
Q. Okay.
A. Sorry.
Q. It says, he has been

receiving up to three to four times higher doses of Zyprexa, Neurontin, Klonopin, Seroquel and Robaxin. However, the patient is somewhat confused about his medication and his story is somewhat inconsistent at different points during the interview.
What were you referring to when you said, three or four times higher dose? Three or four times higher dose than what?
A. Oh, in comparison to what he told me he was taking, I believe.
Q. Now, when he presented you would have first encountered him on the floor in the ICU?
A. Yes, sir.
Q. Who would have made the decision that he needed to be placed in the ICU?
A. Usually it's a discussion

between the admitting physician, the ER physician, and the primary care physician or the admitting physician.
Q. And if the admitting physician was -- that would have been the ER person, the doctor in the ER?
A. Yes, sir, the physician that initially evaluates the patient.
Q. Now, three sections down it's got, medications at home. Where did you get those medication amounts, do you know?
A. That I cannot recall exactly. But I believe it was off of the chart.
Q. Would have been something in the medical chart --
A. Yes, sir.
Q. -- in the hospital?
A. Yes, sir.

Q. Looking at those medications is there anything unusual about the medications that you have -- that you have listed there?
A. Could you clarify that?
Q. Yeah. I mean --
A. I mean --
Q. -- is there any reason -- did you just -- is that your normal procedure to list the medications that they were on at the time that they present to the hospital?
A. Yes, sir.
Q. So this is just normal procedure, listing these medications?
A. Yes, sir.
Q. Now, over on the next page, page two of Exhibit One --
MR. STOCKHAM: Have we marked it as Exhibit One yet? I'd like to go ahead and mark this

document as Exhibit One if we can.
(Whereupon, Plaintiff's Exhibit One was marked for identification.)
Q. Under review of systems it says, he has had some marked weight increase, approximately twenty pounds over the past one to two months. Is that his report to you?
A. Yes, sir.
Q. It says, he has also had some frequent dyspepsia but no nausea or vomiting or hematemesis.
What is dyspepsia?
A. Indigestion or heartburn, the frequent term that's used.
Q. Then the second to last line in that category -- in that section says, he has noted that his urine has been darker than usual.
Did you actually see the color of his urine when he came in?

A. I can't recall because I couldn't recall whether he had a foley in or not.
Q. A foley is a catheter that --
A. Yes, sir. Yes, sir.
Q. -- has urine that comes out into a bag?
A. Yes, sir.
Q. It says, he also has noticed a mild swelling in both his feet. Is that something that he reported to you?
A. Yes, sir.
Q. Now, under the physical exam section is that something that you -- where you conducted a certain series of tests on him?
A. Yes, sir.
Q. Looking down under the section under H-E-E-N-T it says, sclerae icteric. What does that refer to?

A. A yellowing of his eyes or the sclerae.
Q. Is that what we call jaundice?
A. Yes, sir. Yes, sir.
Q. And does that -- is that indicative of some health problem?
A. Yes, sir.
Q. What is it indicative of?
A. Most of the time it's indicative of a liver disease.
Q. If the eyes are yellow is that an indication that the liver disease is in an advanced state?
MS. MCDONALD: Object to the form.
Q. You can answer. She's just -- for the record making --
A. Oh, okay.
Q. -- making her --
A. I guess -- can you clarify the question?
Q. Yeah. At what point when

someone is having liver problems do their eyes turn yellow?
A. In an advanced state -- yes, sir.
Q. Okay.
A. Just say yes.
Q. Now, down -- you checked several others and you get to the abdomen. It says, protuberant with noted positive fluid wave test. Does protuberant -- by that do you mean it's sticking out?
A. Yes, sir.
Q. What is a positive fluid wave test?
A. It's a way that we test for ascites, which is intra-abdominal fluid. You place your hand on one side of the abdomen, apply some pressure and you'll feel fluid on the other side of the abdomen with your other hand.

Q. And ascites, is what?
A. Usually indicative of liver disease or some form of hepatitis, inflammatory process of the liver.
Q. I'm going to show you what I'm going to mark as Exhibit Two, which are some pictures. I'm going to show you the color ones but I'm going to mark for the record the black and whites that I have. And ask you if this is what you -- is this the protuberant abdomen that you're talking about (indicating)?
A. Yes, sir.
MR. STOCKHAM: Mark this as Exhibit Two.
(Whereupon, Plaintiff's Exhibit Two was marked for identification.)
Q. That means it's just sticking out?

A. Yes, sir.
Q. And that is fluid that fills that up?
A. Yes, sir.
Q. What kind of fluid is that?
A. It's usually clear fluid. I mean, it's not infectious.
Q. Is it something that the body does when the liver is not working?
A. Yes, sir.
Q. It just fills the whole cavity?
A. Yes, sir. You can have different degrees but, like I say, usually it's indicative of some type of insult to the liver.
Q. In one of these pictures where he's bending over you can see how it -- his stomach is sort of rolling down over his --
MR. STOCKHAM: Object to

the form. Richard, I'm going to object to you leading with your question. I mean, he's your witness --
MR. STOCKHAM: I'm asking --
MS. MCDONALD: -- and you're leading and leading and leading.
Q. (By Mr. Stockham) Looking at this particular picture with he -- his stomach is rolling down over the pants, is that a -- the part that you were talking about -- how did you pronounce it, ascites?
A. With ascites.
Q. Ascites?
MS. MCDONALD: Objection.
A. You could. Could. It's possible.
Q. Now, looking at page two of Exhibit One under your history and physical exam note. Under the

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section that refers to neurologic it says, there is noted asterixis of the hands. What is asterixis of the hands?
A. Flapping of the hands.
Q. Flapping of the hands?
A. Yes, sir.
Q. Is that indicative to you of any problem?
A. Yes, sir.
Q. What does that indicate to you?
A. It usually is a neurologic dysfunction secondary to things like liver disease. You see that in --
Q. When you say, neurologic, there's something of -- something is wrong with the nerves?
A. Yes, sir.
Q. Is that what makes the hands flap?
A. Yes, sir.

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Q. How do you -- how does that happen? I mean, I guess I'm -- you say it's flapping. Do you just stick his hand --
A. I think you --
Q. How do --
A. I think you extend the hands up and then it's just a -- it's an automatic response.
Q. And is this an indication of -- that correlates with the yellow eyes?
A. Yes, sir.
Q. And -- it says, there is also noted mild clonus of the ankles bilaterally. What is mild clonus of the ankles?
A. That's also another neurologic finding associated with -- not specifically but frequently with patients with liver failure or insult to the liver. That's where you flex the ankle and then the

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ankle will flap just like the hands will in sort of an arrhythmic fashion.
Q. And you said that it's bilateral, so that was in both ankles?
A. Yes, sir.
Q. Does that indicate that someone is unstable in their hands and their feet?
A. A sort of gait instability? Not necessarily, no, sir.
Q. Now, looking under the assessment and plan it says, hepatic encephalopathy. Is that -- what is hepatic encephalopathy?
A. I guess just to simplify things, you know, the liver clears a lot of the poisons that our body makes. And then when these poisons accumulate it can cause confusion, and hence the term, hepatic

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encephalopathy. Hepatic having to do with liver and encephalopathy having to do with -- could be confusion, but some type of altered mental status.
Q. Then back on page one when you said that he was confused, does that relate to that?
A. Yes, sir.
Q. Now, under number two under the assessment plan -- assessment and plan you've got, hepatitis of unclear etiology, suspect secondary to multiple medications.
A. Yes, sir.
Q. What is hepatitis?
A. Inflammation of the liver.
Q. Is it -- by that do you mean swelling?
A. That's usually a part of it, yes, sir.
Q. And what does it mean by,

unclear etiology?
A. With his presentation clearly he appeared to be -- or suffer some type of -- some significant liver dysfunction. At that time we did not know the cause or causes.
Q. And where you say, suspect secondary to multiple medications, what does that mean in plain English?
A. I guess I would have to say possibly -- most likely secondary to the medications he was receiving before --
Q. Okay.
A. -- that was outlined in that list of medications.
Q. The six medications that are outlined on the front page?
A. Yes, sir.
Q. Now, the other things which speak about history, is

that -- of alcohol abuse, is that something that he was experiencing at the time or do you know?
A. That I'm not sure.
Q. Okay.
A. No, sir.
Q. It says, admit to ICU. Is that something that you did or something that was done before you saw him?
A. Usually the decision is made by the ER physician that initially evaluate the patient in the emergency room and the admitting the physician, the primary care physician.
Q. It says, continue serial neurochecks. What does that mean?
A. Make sure that there are no mental status changes, any evidence of -- to rule out stroke, for example. Make sure he doesn't have any weakness, seeing if

there's a weakness --
Q. So basically go through these same tests that you went through before?
A. Yes, sir.
Q. On an ongoing basis? What is strict I and O's. What does that mean?
A. Monitor his intake and output.
Q. On the last line it says, will continue -- will consider IV mannitol with deterioration of his mental status. What does that mean?
A. I'm trying to recall. Usually mannitol aids in -- it's used as a diuretic but it may help to help increase or enhance excretion of some of the poisons created in the liver, I believe.
(Whereupon, Plaintiff's Exhibit Three

was marked for identification.)
Q. Now, I show you what I've marked as -- this will be Exhibit Three. This is a consult report. Is that a -- reflects a Dr. Derek Holcombe. Who is Dr. Holcombe?
A. He is a gastroenterologist here.
Q. Is this a consult that you would have asked for?
A. Yes, sir.
Q. Why did you ask for a consult for a gastroenterologist?
A. Usually patients with hepatitis, that's -- usually consult a gastroenterologist with those specific GI problems.
Q. Now, was he still on the ICU at the time of this consult?
A. I don't recall.
Q. Now, when he was admitted to ICU was it your opinion that he

was suffering from a serious medical condition?
MS. MCDONALD: Object to the form.
MR. WILFORD: Object to the form.
Q. You can answer.
A. Yes, sir.
MR. WILFORD: I didn't hear the answer.
THE WITNESS: Yes, sir.
Q. And was it one that if it was left untreated life threatening?
A. That's quite probable.
Q. Now, looking at this consult that you have here it says that --
A. Do you -- excuse me. I'm sorry. Do you have a second page --
Q. I don't --
A. -- to this? Okay.

Q. These are records that the Russell produced and I don't have a second page --
MR. WILFORD: Frankly, that's what I'm doing, is going through all this to see if I could find the second page to that.
MR. STOCKHAM: I mean --
MR. WILFORD: I don't think we've ever had it.
MR. STOCKHAM: We haven't. I've been through them several times. That's all I've got.
MR. WILFORD: We may have to talk to them about that.
MR. STOCKHAM: Yeah.
Q. (By Mr. Stockham) But what I want to ask you is -- on the top under the history of present illness that he is -- he reflects -- said, he was also found to have significant liver enzyme abnormalities and new onset

jaundice. Would that have been from the result of tests that were performed at the hospital?
A. Yes, sir.
Q. And what -- when you refer to significant liver enzyme abnormalities, what does that mean?
A. I would say certainly elevated above what is considered normal. Markedly -- markedly elevated, when we say that.
Q. And is that an indication of a health problem?
A. Oh, yes, sir.
Q. What health problem is that indicative of?
A. Hepatitis.
Q. If left untreated is that a serious medical condition?
A. Could possibly, yes, sir.
Q. Could it result in death left untreated?
A. Yes. Depending on the

cause, yes, sir.
Q. Now, what does new onset jaundice mean? Is that a technical term or is that just --
A. It just means that he had -- there is no known history or prior history -- there is no prior history of jaundice.
Q. Okay.
A. Or yellow -- yellowing of the skin.
Q. It says, he does note vague bloating and upper abdominal pain. Is that something that is related to the -- what you were calling the swelling of fluids in his stomach, the bloating?
A. That could be. Or could be related to, you know, increased liver size from the hepatitis.
Q. And does increased liver size cause -- is one of the side effects of it pain, abdominal pain?

A. It can, yes, sir.
Q. And it says, noted dark urine for the last week. What does dark urine signify with -- when you have the other problems that you have reflected in your notes?
A. It can indicate liver disease and/or dehydration.
MR. STOCKHAM: Mark this as the next one, please.
(Whereupon, Plaintiff's Exhibit Four was marked for identification.)
Q. I show you what I have marked as Exhibit Four, nursing assessment sheet. Is this something that would have been done in the emergency room before Mr. Kelly was brought up to the ICU?
A. Yes, sir.
Q. And was this -- is this something you would have reviewed?

A. On the floor?
Q. Yes, sir.
A. Yes, sir.
Q. Looking at the top it says, chief complaint, weakness, patient jaundice was seen by Dr. James recently and had abnormal liver enzymes. Patient somewhat slow to respond with slightly slurred speech that -- has been falling a lot recently.
Do those symptoms that are described in that nurses note, the slightly slurred speech and falling a lot, correlate with your statement of hepatic encephalopathy?
A. Yes, sir.
MR. WILFORD: Object to the form.
MS. MCDONALD: Same objection.
MR. WILFORD: You can

answer, though.
A. Yes, sir.
Q. Can you explain how they correlate?
A. Well, if you have someone with -- that has hepatic encephalopathy with inability of the liver to clear poisons made in our body, then, of course, that can cause confusion, slurred speech, even unsteady gait.
Q. Noting on that it says, was seen by Dr. James recently and had abnormal liver enzymes. Dr. James -- you were just substituting for Dr. James when he first came in, weren't you?
A. Yes, sir, I believe so.
Q. Did you ever review Dr. James' office records on Mr. Kelly?
A. I don't believe so but I don't recall.
Q. It refers to, abnormal

liver enzymes. I'm going to -- I'll show you what I've got marked -- I'm going to mark as Exhibit Five. We've got Dr. Kelly's -- excuse me -- Dr. James' office note. Is Dr. James a family practice doctor?
A. Yes, sir.
Q. He practices here?
A. No, sir.
Q. Where does he practice?
A. Just up the road. Here -- well, here in Alex City.
Q. He practices in Alex City? And he also has privileges at Russell Hospital?
A. Yes, sir.
Q. And do you cover for him on occasion?
A. On occasion. Very rare.
(Whereupon, Plaintiff's Exhibit Five was marked for

identification.)
Q. I'm going to show you what I'm marking as Exhibit Five, which are Dr. James' office notes. I'm going to draw your attention to the entry for January 7th and ask you if you will look at the bottom of the first page and the top of the second page and ask you if those are reports of -- that refer to Mr. Kelly's liver enzymes.
MS. MCDONALD: Object to the form.
(Witness examining documents.)
A. Yes, sir.
Q. And are -- do they reflect that his liver enzymes are elevated?
A. Yes, sir.
Q. Does the fact that the liver enzymes are elevated some nine days before he was admitted

correlate with your diagnosis of hepatic encephalopathy?
A. Yes, sir.
(Whereupon, Plaintiff's Exhibit Six was marked for identification.)
Q. I show you what I'm going to mark as Exhibit Six -- I show you what I've marked as Exhibit Six. And this is a page from the emergency physician record on Mr. Kelly. And do you recognize the doctor's handwriting in this case?
A. No, sir.
Q. I don't know -- it indicates that there's a --
MR. STOCKHAM: Mark this as Exhibit -- the next exhibit.
(Whereupon, Plaintiff's Exhibit Seven was marked for identification.)

Q. This is -- Seven is the first sheet of six and it refers to a Dr. Williams. Do you know who Dr. Williams, Dr. K. Williams is?
A. Vaguely, yes, sir.
Q. Is Dr. Williams an ER doctor?
A. Yes, sir.
Q. Notice under the clinical impression it's got -- it says, hepatic encephalopathy, medications -- and it's got, grade two. It says, medication induced grade two. What is grade two induced hepatic encephalopathy?
A. I'm not sure. I'm not aware of any type of grading system.
Q. Now, you'll notice up at the -- on that same document up in the upper left-hand corner it's got, mild ascites. Is that what you were talking about?

A. Ascites, yes, sir.
Q. Ascites. What we were seeing when we were looking at the pictures?
A. Yes, sir.
MS. MCDONALD: Object to the form.
Q. And this emergency room record, is that something that you would have had when you were evaluating the patient?
A. Yes, sir.
Q. Looking at what I've marked as Exhibit Seven, up in the upper left-hand corner we've got a note. It says -- it talks about, 3DHX. That would be three day history?
A. Yes, sir.
Q. And with a decrease of MS. What does MS mean?
A. Mental status.
Q. And dark urine. Sheriff

stated drowsy since increase in meds last week. Robaxin. What is Robaxin?
A. It's a muscle relaxer.
Q. The next thing it says, HX --
A. History --
Q. -- history, drug prescription?
A. I don't know what that word says. It's something prescription.
Q. Drug use, cocaine.
A. Yes, sir.
Q. But has not used in two months incarcerated?
A. Yes, sir.
Q. Now, does the Robaxin relate -- the increased Robaxin relate to the poison that you were talking about that you were -- in your treatment plan?
MS. MCDONALD: Object to

the form.
MR. WILFORD: Object to the form.
Q. You can answer.
A. Yes, that's possible.
Q. Did you -- when you went through -- you had him in ICU. What kind of a treatment plan did you have for him?
A. Mostly it's supportive, IV fluids.
Q. Put him on IV fluids?
A. Yes, sir. Monitoring liver function tests.
Q. Other than that was there anything that you did?
A. Let me go back to the history. Then, of course, the neurochecks. And I believe I checked a hepatitis profile as well.
Q. Is that a study that you did?

A. Yes, sir.
Q. I'm going to show you your discharge summary.
MR. STOCKHAM: Mark this as the next Exhibit.
(Whereupon, Plaintiff's Exhibit Eight was marked for identification.)
Q. This shows that -- a discharge summary that you signed; is that correct?
A. Yes, sir.
Q. And this was the -- reflects that your discharge diagnosis was, possible hepatic encephalopathy?
A. Yes, sir.
Q. And with probable drug-induced hepatitis?
A. Yes, sir.
Q. Now, what is the difference between hepatic

encephalopathy and hepatitis?
A. I guess you could say the hepatic encephalopathy is a more serious consequence or sequela to hepatitis.
Q. Something that is a result of?
A. Yes, sir. I mean, not all patients that develop hepatitis, whether infectious or inflammatory, develop encephalopathic changes. Usually these are patients that have significant hepatitis. Mild to moderate forms you usually don't see it.
Q. So this would be a severe case of hepatitis?
A. Yes, sir.
MS. MCDONALD: Object to the form.
Q. Now, under the procedures it says, abdominal US which revealed moderate hepatomegaly.

What is abdominal US?
A. Ultrasound, it would have to be.
(Whereupon, an off-the-record discussion was held.)
Q. (By Mr. Stockham) What is moderate hepatomegaly?
A. Enlarged liver. Enlarged liver.
Q. And diffuse gall bladder wall thicken, what does that refer to?
A. That's a non-specific term. It's not really indicative of hepatitis.
Q. Now, in your reason for admission and hospital course you restate what you had in your history at the very beginning. Looking down about five, six, seven lines it says, he has seen Dr. James in the past, which I was

covering on the day of admission. Is that why you -- when you became the doctor at the time you stuck with him rather than Dr. James taking over when he --
A. Yes, sir.
Q. -- when he came in? I believe he was out of down or had an event he had to attend.
Q. Is that normal?
MS. MCDONALD: Object to the form.
Q. Is that normal practice in your -- the practice here in Russell --
A. Yes, sir.
Q. -- in Alex City?
A. Yes, sir.
Q. Now, it said -- it says, upon admission his PTINR is one point five. What does that refer to?
A. That is -- that refers to

function of clotting factor, which -- an indirect measure of liver function test.
Q. Is that an abnormal value?
A. Yes, sir. It is elevated.
Q. And does that mean his blood won't clot as quickly or it will clot faster?
A. It will not clot as quickly. It would be more prone to bleeding.
Q. Then it says, his total bilirubin was seven point nine. Is that abnormal?
A. Yes, sir.
Q. Is that high or low?
A. High.
Q. What is normal?
A. It'd say usually less than one, one point five.
Q. So with a bilirubin level of seven point nine, is that indicative of the degree of

hepatitis he was suffering?
A. Yes, sir.
Q. It was on the high end?
A. Yes, sir.
Q. It says, with AST of one four four three. What is AST?
A. That's another marker for liver functions.
Q. And is that a high number?
A. Yes.
Q. What is the normal?
A. Less than forty.
Q. So this is --
A. Forty, fifty. Markedly elevated.
Q. On the order of a factor of forty or some -- thirty or forty, something like that?
A. Yes, sir.
Q. Is that an indication of severe liver disease?
A. Yes --
MS. MCDONALD: Object to

the form.
A. Yes, sir.
Q. And an ALT of three four two five. What is ALT?
A. That is also another marker of liver disease or dysfunction.
Q. And what is the normal for that?
A. Same. I think less than fifty, forty, fifty.
Q. So it's almost sixty or seventy times the size of the normal value?
A. Yes, sir.
Q. And then it says, elevated alkaline FOS of two four one?
A. Same. It's a -- it can be a marker for liver dysfunction as well.
Q. And is that a high value --
A. Yes, sir.

Q. -- as well?
A. Yes, sir.
Q. So the reason you included all these things in here was to indicate what measures are reflective of the degree of hepatic function he had?
A. Yes, sir.
Q. Now, it says his ammonia level was slightly elevated at thirty-seven. What is the normal ammonia level?
A. Twenty. Twenty, twenty-five.
Q. So this was only, like, one and a half times the --
A. Yes, sir.
Q. -- normal value, roughly? Is that still elevated, though?
A. Yes.
Q. But if someone had a value of thirty-seven ammonia would that indicate to you that they were

having a problem with their liver?
A. I would say, yes, sir.
Q. It says, his mental status improved markedly with supportive treatment. What did you mean by, supportive treatment? Is that what you were just telling me about?
A. Mostly IV --
Q. IV fluids?
A. Yes, sir.
Q. What was the purpose of giving him IV fluids?
A. Well, certainly he appeared -- for hydration purposes since he was -- I don't believe he was taking in much by mouth beforehand, but I don't know that. And that's about it. Increase the renal function, increase diuresis.
Q. By, diuresis, you mean kidney function?
A. Yes, sir.
Q. Your note reflects that

his mental status improved with supportive treatment. By that you're referring to the flapping test that you were talking about earlier?
A. Oh, that part I don't know about. Let me just say that his confusion resolved.
Q. At the very last line it says, he did complain with some dysuria. Is that -- what is dysuria?
A. Burning upon urination.
Q. Was that something that you would have expected after having given him all the fluids?
A. No, sir.
Q. But that was something that you felt like you could go ahead and discharge him with?
A. Yes, sir.
Q. The next thing it says, on the day prior to discharge did have

some significant pyuria. What is pyuria?
A. White blood cells in the urine, which usually indicates infection.
Q. Did he have an infection at the time that he was discharged?
A. Well, pyuria is indicative of urinary tract infection. So he was treated empirically with antibiotics. So it's quite possible, yes, sir.
Q. So you were giving him antibiotics at that point?
A. Yes, sir, the Bactrim.
Q. The antibiotics weren't related to the treatment that you gave him for his --
A. For his liver, no --
Q. -- for his liver?
A. No, sir.
Q. Now, looking back at the first exhibit, which was the --

your history. Were you able to determine whether or not the drugs that are listed on the front of that, those six drugs, were the cause of his liver encephalopathy?
A. I would not say definitively. I would say probably highly likely.
Q. All right.
A. If not the cause, certainly a contributing factor.
Q. Did you have anything else besides the drug-induced determination for causing his hepatitis and his hepatic encephalopathy?
A. No, sir. There -- I did -- we did do hepatic -- a viral hepatitis profile on -- over several days. But usually that takes a few days. And I think that that came back negative as well.
Q. One of the things that I

wanted to ask you -- if -- looking at the list of the six drugs that you indicate on the first of your history, is there any expectation from giving those six drugs that you would have a liver problem?
MR. WILFORD: Object to the form.
MS. MCDONALD: Same objection.
A. I'd say yes. It's certainly possible or highly likely.
Q. Because of the levels that are there or --
A. Because of the doses and also because of the combination of medication he was getting.
Q. Are there certain drugs there that you -- that have a -- when combined have a negative effect with each other?
A. I don't know about a

synergistic response but certainly things like Zyprexa and Seroquel can adversely affect liver function tests.
Q. How about the phenobarbital, can it affect liver function?
A. Yes, sir.
Q. How about the Robaxin?
A. Yes, sir.
Q. One of the things I noted from the emergency note was the sheriff indicated that when the Robaxin was increased a week before that it seemed to go -- to have an effect. Is there --
MS. MCDONALD: Object to the form.
Q. Is there any correlation between Robaxin and liver problems?
A. I don't know. I don't know.
Q. Did you make --

A. I'm not --
Q. -- any determination?
A. No, sir.
MR. STOCKHAM: Mark this as the next exhibit.
(Whereupon, Plaintiff's Exhibit Nine was marked for identification.)
Q. Before -- how long does someone usually have to suffer with a liver problem before they become extremely jaundiced like Mr. Kelly did when you first saw him?
MS. MCDONALD: Object to the form.
MR. WILFORD: Same objection.
A. There's no specific time frame. It depends on the insult, the causes.
Q. Well, is it something that can happen in a day?

A. Yes, sir.
Q. Something that can happen over a four week period as described here?
A. Yes, sir.
Q. I show you what's marked as Exhibit Nine. This is a document that the hospital produced and it indicates that your principal diagnosis is hepatic coma. What is hepatic coma?
A. I believe that would be considered unresponsiveness secondary to liver failure or dysfunction.
Q. Is that the same thing as hepatic encephalopathy?
A. That I'm not sure about. I don't know that I would use the term "coma". He was not -- that he was unresponsive or required intubation, for example. So I don't know that I would go so far

as to say he was in hepatic coma.
Q. This was in the record and that's why I'm asking you about it.
A. Yes, sir.
MS. MCDONALD: In what record?
MR. STOCKHAM: The hospital record.
Q. It's got your name there up at the top. Have you seen this document before?
A. This one here (indicating).
Q. Yes.
A. I can't recall. I don't think so.
Q. It looks like these are billing codes.
A. Right. Yes, sir.
Q. And that's why I'm asking if you had any -- was this something that the billing office would have generated, to your

knowledge?
A. From the hospital, yes, sir. Yes, sir.
Q. The bottom line, it's got -- refers to, poisoning by unspecified drug or medicinal substance. Does that relate to your drug-induced hepatitis that your discharge summary refers to?
A. Yes, sir.
Q. Now --
MS. MCDONALD: Hey, Richard. Before we get to the point where you go to his records can we take a quick break?
MR. STOCKHAM: Sure.
(Whereupon, a brief recess was taken in the deposition.)
Q. (By Mr. Stockham) Dr. Law, before -- looking at your discharge summary -- now, to a reasonable degree of medical

certainty at the time that you discharged him did you determine that Mr. Kelly was suffering from hepatitis?

MS. MCDONALD: Object to the form of the question.

A. Yes, sir.

Q. And that he was also suffering from hepatic encephalopathy?

A. Yes, sir.

Q. And these conditions -- at the time that you discharged him on the 20th of January, had you ameliorated his condition?

A. Certainly he was no longer confused.

Q. Was he --

A. Or his encephalopathy had resolved.

Q. His encephalopathy had resolved. And his hepatitis, had it resolved?

A. No, sir. It was improving. I think it had improved but I don't think it had resolved.

Q. And in your professional opinion had he not been treated by you at the time he did, was he in a serious -- was he likely to suffer severe injury or death?

MS. MCDONALD: Object to the form.

MR. WILFORD: Object to the form.

A. It's possible, yes, sir.

Q. Had you not intervened when you did was it to a reasonable degree of medical certainty that he would have suffered serious injury or death?

MS. MCDONALD: Object to the form.

MR. WILFORD: Object to the form.

A. Yes, sir.

Q. Now, is -- once you've suffered hepatitis is it completely reversible?

A. It depends on the causes. If it's medication induced, usually yes.

Q. What do you have to do to be able to reverse it if it's medication induced?

A. Usually it improves with time once you've discontinued the offending agent.

Q. While he was here in the hospital was he discontinued on all six of the drugs that you identified on the front of your history and physical exam, Doctor?

A. Yes, sir.

(Whereupon, Plaintiff's Exhibit Ten was marked for identification.)

Q. Now, I want to show you

what I've marked as the next exhibit. Look at that, please, sir.

(Witness reviewing documents.)

Q. That is your discharge summary from an admission of Mr. Kelly of January 28th, 2004 and discharged on February 1, 2004.

A. Yes, sir.

Q. Is that your signature on the second page?

A. Yes, sir.

Q. Did you treat him for this admission?

A. Yes, sir.

Q. This reflects that -- under the discharge diagnoses that one was a dehydration that was resolved. Number two was a probable drug-induced hepatitis resolving. Number two, was that -- the probable drug-induced hepatitis

resolving, is that a continuation of the hepatitis that he was admitted with on January 16th?
A. Yes, sir.
Q. Under your reason for admission and hospital care it reflects that he was -- that he presented to the emergency room complaining of nausea, vomiting and diarrhea. Is that something that you would have expected after your discharge of him in January 20th?
A. No, sir.
Q. Now, looking at -- it says, upon presentation here to the emergency room he was noted to be hypotensive. What does hypotensive mean?
A. Low blood pressure.
Q. Does that in any way relate to his probable drug-induced hepatitis?
A. It's difficult --

difficult to really assess.
Q. I notice on -- this says -- you say, his liver function tests continue to gradually improve. Did you continue to give him a series of liver tests while he was in the hospital from the 28th to the 1st of February?
A. Liver function tests, yes, sir, with blood work.
Q. And when you say they continue to gradually improve, does that mean that -- compared to the -- his previous admission or to his -- while he was in the hospital on this particular occasion?
A. I believe while he was in the hospital on this particular occasion.
Q. Now, the dehydration that you have referenced here, does that in any way relate to his hepatitis?
A. I can't -- I don't know.

Q. I noticed on the emergency room note that -- and I'll show you the next exhibit number.
MR. STOCKHAM: Mark this.
(Whereupon, Plaintiff's Exhibit Eleven was marked for identification.)
Q. That indicates that he had been vomiting four times since noon and it was described as foul smelling and yellow. Does the vomiting correlate with the dehydration?
A. Yes, sir. Yes, sir.
Q. If the -- what he is vomiting up has a foul smell and is yellow, does that relate to any liver dysfunction?
A. No, sir. It's not really indicative of anything specific.
(Whereupon, an off-the-record

discussion was held.)
(Whereupon, Plaintiff's Exhibit Twelve was marked for identification.)
Q. (By Mr. Stockham) I show you what I've got as the -- marked as the next exhibit. And that is indicated as the emergency room physician record. It reflects a Dr. Goldhagen. Do you know Dr. Goldhagen?
A. Yes, sir.
Q. Who is Dr. Goldhagen?
A. She is an ER physician here.
Q. Looking at this one it reflects under the chief complaint, it shows, nausea and vomiting. And then it reflects that -- on the bottom of that big left-hand box it says, similar symptoms previously, and marked yes. Had -- were you

aware of any nausea and vomiting that he had had when he was in the hospital originally?
A. I don't recall.
Q. Looking at the onset of this problem it reflects seven days. That's a -- pretty much covers the time frame from when he left on the 20th to when he came in on the 28th, doesn't it?
A. Yes, sir. What -- you mean --
Q. Yeah. In those right at the very top of that -- where the body thing is, it says, onset and it's got seven and days circled.
A. I see.
Q. Did you consider this admission to be a continuation of the previous admission that you had had with him?
A. I would say yes.
Q. On the next page it's got

a little figure of a body with an area marked on his abdomen reflecting tenderness. Does that correlate with his complaints of abdomen tenderness when he was in previously?
A. Yes, sir.
Q. Does that relate to the ongoing hepatitis problem that he was having?
A. Well, I would say in his case, yes, sir, most likely.
Q. Now --
MR. STOCKHAM: If you need to take that, go right ahead.
THE WITNESS: Oh, no, sir. It should be all right.
Q. Why did you keep him in the hospital for four days -- actually, I guess, five days on this admission?
A. I don't recall whether or not it was from poor appetite or

continued dehydration.
Q. Did that in any way relate to his hepatitis problem?
A. That's quite -- quite possible, or quite likely, yes, sir.
Q. And by the time that he was discharged did he still have any problem with his hepatitis?
A. I cannot recall whether or not his liver function tests were still elevated.
Q. Looking at the -- under your discharge diagnosis it reflects that it's resolving.
A. Yes, sir.
Q. Does that just mean that it's improving or that it -- in your opinion it is better?
A. I'd say improving but not resolved completely.
Q. Now, under your discharge instructions it says that, he is to

remain house confined for at least two months until his liver function tests improve and/or normalize. What do you mean by, normalize?
A. Until his liver function tests are normal -- within normal limits.
Q. And so at the time that you discharged him you thought that -- given the rate of improvement you saw that you thought it would be two months before he reached that normalized --
A. Yes, sir.
Q. -- range?
A. Yes, sir.
Q. Now, I noticed on -- both on this one and on the previous discharge summary it makes reference to migraine headaches. Did Mr. Kelly have any migraine headaches while he was here at Russell Hospital under your care?

A. I can't recall. I do have it documented in my discharge summary he was having headaches during his second admission. But whether or not they're migraine headaches or -- I mean --
Q. Do headaches relate in any way to your diagnosis of hepatitis or hepatic encephalopathy?
A. Yes, sir.
Q. How do they relate to it?
A. I mean, part of that may be due to inability of the liver to clear the toxins. Like --
Q. Is that a common sequela or side effect of that?
A. Oh, yes, sir.
Q. You indicated that he should be treated with over-the-counter Motrin. Why Motrin as opposed to some other drug?
A. Well, I didn't want to --

I didn't want him to take Tylenol, any products that have Tylenol, since Tylenol could be hepatotoxic since he is recovering from his hepatitis.
Q. At the time that you saw him in the hospital January 28th through February 1st of 2004 was he still suffering from a serious medical condition?
A. Yes.
Q. And by the time you discharged him had his serious medical condition resolved itself?
A. Not resolved but improved.
MR. STOCKHAM: That's all I have.

EXAMINATION BY MS. MCDONALD:
Q. Dr. Law, I introduced myself to you earlier. I'm Kristi McDonald. I represent several of the jailers and officers that have

been sued in this case.
A. Yes, ma'am.
Q. When you first saw Mr. Kelly -- which was in January of 2004; is that correct?
A. In the initial admission?
Q. Yes.
A. Yes, ma'am.
Q. Was that the first time you had ever seen him as a patient?
A. Yes, ma'am.
Q. And at that time were you aware that he had previously been seen in the emergency room at Russell Medical Clinic?
A. No, ma'am.
Q. And when you saw him he had already been admitted to ICU, correct?
A. Yes, ma'am.
Q. Would you have had the medical records from the hospital available to you?

A. Yes.
Q. Is there a reason why they were not reviewed?
A. Well, because we don't -- I didn't even know he was in the hospital beforehand.
Q. Is there note that he had been previously seen?
A. No.
Q. Is there any particular reason why there is not a note made there that he has previously been a patient there at the hospital or why those records aren't provided to you as a physician?
A. No, ma'am.
Q. Okay.
A. No, there is no --
Q. And --
A. There is no clear documentation that, you know, if a particular patient has been in the emergency room on several occasions

or for --
Q. Or that he's a previous admissions; is that correct?
A. That's correct.
Q. And there is nothing on the computer that would indicate he's been a previous -- he had been seen as recently as December, like a month before, there at the hospital?
A. Sure. I mean, that's -- yes, ma'am.
Q. But you didn't review any of those records, correct?
A. No.
Q. And as a physician, Dr. Law, how important is it to take a -- or to get an accurate history from a patient?
A. Oh, I think it's very important.
Q. Why is that important to you?

A. Well, otherwise you won't be able to determine what's going on in the patient if you --
Q. And if a patient doesn't give you a correct or accurate history what does that do to your ability to treat him or to give a correct diagnosis?
A. Certainly that can affect your diagnosis.
Q. And if the patient is not honest with you, up front with you, about what medications he's been taking or for how long he's been taking them what does that do to you?
A. Well, that certainly clouds the issue.
Q. And does it make it hard if not impossible to give an accurate diagnosis if they're not honest with you?
A. Yes, ma'am, I'd say you're

correct.
Q. And if a patient is not honest with you about his previous, like, psychiatric illnesses, what does that do to your --
A. Again, that can impact your diagnosis.
Q. And did -- were you aware when you first saw him that he had a longstanding history of alcohol abuse, of illicit drug abuse, as well as prescription drug use?
A. No, ma'am.
Q. Did anybody from his family offer that information to you?
A. I do not believe so.
Q. Did --
A. I do not believe so but I cannot recall.
Q. And will you -- if you will, Doctor, would you look at your records there that you have in

front of you that Mr. Stockham gave you, the history and physical and the discharge notes. Is there anything in there that indicates that he's got a longstanding history of alcohol abuse, drug abuse, both prescription and illicit drugs?
A. Here it has been mentioned that he has been in drug rehab. I did mention the social history.
Q. All right. And if you --
A. But then he said he denied any history of illicit drug use. So --
Q. Well, cocaine, would that be an illicit drug to you?
A. Yes, ma'am.
Q. Did he make you aware of the fact that in November of 2003 that he was actually incarcerated because he tested positive for cocaine in violation of his

probation?
A. I don't recall.
Q. And would the history of the drug use have been important to you?
A. Yes, ma'am.
Q. And without that information it makes it hard for you as a doctor to treat him and determine what's actually going on and the causes of it, does it not?
A. Yes, ma'am.
(Whereupon, an off-the-record discussion was held.)
Q. (By Ms. McDonald) Dr. Law, assuming that these records are correct -- and I'll represent to you that he does have a history of alcoholism, what does alcoholism do to a liver?
A. Certainly that causes liver dysfunction as well.

Q. And if you are an alcoholic and have been for years and had a recent history of continued alcoholism does that impair the liver in a way that would make it more difficult for it to process the drugs that you're taking?
A. Yes, ma'am.
Q. And what impact can the -- any drug have on the liver if you are an alcoholic?
A. Well, it certainly decreases the clearance of that particular drug. So you have higher levels in your system.
Q. And does that, just in itself, being an alcoholic, put you at an increased risk of getting the hepatitis?
A. Oh, yes, ma'am.
Q. And the history and physical here from January 16th of

2004 indicates family history remarkable for alcoholism and cirrhosis. Is that -- the family history here, is that Mr. Kelly or is that his dad or mom or --
A. I believe that's Mr. Kelly, the patient.
Q. So that's -- the family history, that's actually his personal history?
A. Yes, ma'am.
Q. Whose responsibility, Dr. Law, is it for prescribing medications? Does that come from a physician?
A. Yes, ma'am.
Q. And is it also the physician's responsibility in prescribing medications to make sure that the medications that are being prescribed don't have interactions that are going to cause problems for a patient?

A. I'd say yes.
Q. Are you familiar -- let me ask you -- with Neurontin --
A. Yes, ma'am.
Q. -- as a drug? What is Neurontin prescribed for?
A. Usually for neuropathy, nerve damage.
Q. Is it also prescribed for seizures?
A. Yes, ma'am.
Q. And when you saw Mr. Kelly on January 16th, 2004 is there any indication anywhere that he has a history of seizures?
A. That I do not recall.
Q. Any family member tell you that there was a history of seizures?
A. I don't recall.
Q. What about Zyprexa, Dr. Law, are you familiar with that drug?

A. Yes, ma'am.
Q. And what is Zyprexa used for or prescribed for?
A. Usually for psychotic disorders. Sometimes it's used for a -- as a mood stabilizer as well. With his -- I believe he told me he had a history of bipolar disorder or -- but seizure disorder, I don't -- I don't recall. But I thought I saw -- had seen something on a chart but --
Q. Seroquel, are you familiar with that drug as well?
A. Yes, ma'am.
Q. What is Seroquel used for?
A. It's also used as an antipsychotic as well.
Q. And the phenobarbital?
A. Most of the time it's used for seizures.
Q. Is there another reason he needs that drug?

A. Not usually --
Q. And Clonazepam, that -- is that also -- is that also known as Klonopin?
A. Yes, ma'am.
Q. What is Klonopin used for?
A. Insomnia. It has been used for seizures. It's used for agitation as well.
Q. Those five drugs right there, do you -- have you ever prescribed all five of those drugs for any patient that you have treated? Prescribed at one time?
A. At one time?
Q. Uh-huh.
A. No, ma'am.
Q. And do you know of any problems there would be with those five different medications, in prescribing those to somebody who has a history of alcoholism or chronic drug abuse?

A. You mean all at once?
Q. Well, just take them one at a time. Klonopin. Would you prescribe Klonopin for somebody that you knew had a history of alcoholism or a history of drug abuse?
A. Me personally?
Q. Yes, sir.
A. No.
Q. Why would you not prescribe that personally?
A. I would be fearful of the interaction between Klonopin and alcohol.
Q. Okay.
A. It accentuates sedation and even can cause respiratory depression.
Q. And let's just take them separately right now.
A. Okay.
Q. The Neurontin, would you

prescribe that for a patient that you knew to have -- be -- have the chronic alcoholism and a history of drug abuse?
A. No, ma'am.
Q. And what would be the reason behind not doing that?
A. Probably the same as the Klonopin, excessive sedation.
Q. And Zyprexa, same question. Would you prescribe it for someone with a history of alcoholism and chronic drug abuse?
A. Possible. I would not say it's contraindicated.
Q. Okay.
A. So --
Q. What about the phenobarbital?
A. No.
Q. Why --
A. Same reasoning as the Klonopin, causes respiratory

depression in concert with alcohol use.
Q. What about Seroquel?
A. I don't think that there is any specific contraindication.
Q. And when you take -- I mean, looking at those drugs, those five drugs, in combination of each other, what are the possibilities that those -- that you're going to have some adverse interactions with all five of those drugs?
A. Highly likely.
Q. And why is that?
A. It's a cumulative effect. They all -- they can all make you drowsy.
Q. And if you have somebody who has -- who is a chronic alcoholic, they're already at risk of liver problems, like we talked about earlier, correct?
A. Yes, ma'am.

Q. And being on all five of those medications at one time, would that put you at an increased risk of having more liver problems?
A. Yes, ma'am. That's true. I mean, Seroquel and Zyprexa can increase -- elevate -- or can increase liver function tests.
Q. Okay.
A. Especially in those particular dosages.
Q. Did anybody ever make you aware that when Mr. Kelly got to the Coosa County jail that the only medications that had been prescribed for him that he was taking was Lorcet Plus and Zyprexa? Those were the only two drugs. Did anybody ever tell you that?
A. No, ma'am.
Q. Are you aware that Mr. Kelly himself told somebody at -- Matt Hilyer from Cheaha Mental

Health Center that he -- Mr. Kelly is the one -- and I will show you what I will mark as Defendant's Exhibit One.
(Whereupon, Defendant's Exhibit One was marked for identification.)
Q. Mr. Kelly is the one who provided this list to Matt Hilyer at Cheaha Mental Health.
(Witness examining documents.)
Q. If he was not taking those medications when he got to the jail and he told somebody that those were his medications that he needed, what does that say to you about him, about Mr. Kelly?
A. Well, certainly he's not trustworthy.
Q. And when you saw him in January of 2004 you did not

prescribe him with any medication when you released him, correct?
A. That is correct.
Q. Because he was off of all his meds at that point?
A. No, ma'am.
Q. And if he had been taking all of these medications up until January the 16th of 2004 and he just came off of them cold turkey -- okay to do so?
A. Probably not.
Q. But you took him off of them then. So you felt like it was safe, correct?
A. Well, I mean -- really didn't have a choice in the matter. I mean, going through withdrawal of these medications is not life threatening as compared to hepatitis.
Q. Right.
A. The lesser of two evils.

Q. Right. Now, what would be the effect of going from Zyprexa one time a day to possibly twice a day to immediately being put off all of these drugs at the dosages that are right here in Defendant's Exhibit One? What would that do to somebody?
A. Probably increase sedation --
Q. Okay.
A. Okay. As far as your medications are concerned, I don't know if this is what he told me or if I got this from a list somewhere.
Q. Okay.
A. I just can't -- I really can't recall.
Q. And when you saw him January 16th this is what he told you, the Zyprexa, the Neurontin, Klonopin, phenobarbital, Seroquel.

And the only thing that's not on this list that he told Matt Hilyer was Robaxin, correct? The list -- the only difference in your list and the list that I showed you earlier is the Robaxin?
A. Yes, ma'am.
Q. And do you know how long he had been on the Robaxin?
A. No, ma'am.
Q. These five medications, though, by themselves, if you added Robaxin to it would it change anything?
A. It depends on at what dose.
Q. You've got in front of you the records of Dr. James that Mr. Stockham provided you earlier --
A. Yes, ma'am.
Q. -- right there (indicating). And I think Dr. James prescribed him with -- if you

will look at his note from December the 11th, 2003, I think that is when he prescribed for him Robaxin at a dosage of seven hundred and fifty milligrams, two tablets BID. That's twice a day --
A. Yes, ma'am.
Q. -- is that correct?
At that dosage would you expect anything different?
A. Well, I mean, I certainly think that that would increase his risk of sedation.
Q. Looking at that same note from December the 11th --
A. Uh-huh.
Q. -- of 2003, it says that he was prescribed Zyprexa at five milligrams; is that correct?
A. I mean, that's what it says.
Q. The doctor prescribed?
A. Right.

Q. When he saw -- when Mr. Kelly saw you, though, the history and physical indicates --
A. Right, according --
Q. -- he's taking twenty milligrams; is that --
A. I believe that's what's on the history.
Q. Will you look at Dr. James' record from January the 2nd of 2004?
A. January 2nd.
Q. I think it's at the top. There it is (indicating).
That record indicates that he -- that somebody called and said they needed to change -- asked for Zyprexa to be changed because the mother -- Mr. Kelly's mother had called and said that his Zyprexa was supposed to have been twenty milligrams and not five as they had originally informed them?

A. Yes, ma'am, that's what it says here in this phone message.
Q. So his Zyprexa was not changed from five to twenty milligrams until January the 2nd of 2004, assuming Dr. James' records are correct; is that right?
A. That's what the records show.
Q. That's what the record shows.
A. That's not --
Q. And is there any problem with going from five milligrams of Zyprexa to twenty?
A. That's a pretty large jump in dosage in my opinion.
Q. But you weren't the one that did that; that was Dr. James, correct?
A. Right. Yes, ma'am. I don't really use Zyprexa much, so --

Q. And you were referred earlier to Dr. James' records of January the 7th of 2004.
A. January 7th. Yes. Yes, ma'am.
Q. And in those records that -- there is an indication that there was some -- that he had abnormal liver tests; is that correct?
A. Yes, ma'am.
Q. How long have you known Dr. James?
A. Since I've been here.
Q. And you've been here since 2000; is that right?
A. Yes, ma'am. Seven years.
Q. Is -- in your opinion is he a good doctor?
A. Yes.
Q. Do you think that Dr. James would have released Mr. Kelly to go back to jail if he'd have

thought that there was any indication that he needed to be hospitalized at that time?
MR. STOCKHAM: Objection. Calls for speculation.
A. I don't know.
Q. You have reviewed the liver test results that are in those records?
A. Yes, ma'am.
Q. Based on the results that are there in those records would you have admitted Mr. Kelly to the hospital, based on the liver -- abnormal liver tests that are in those test results there from January the 7th of 2004?
A. I don't know. I don't know if I could answer that without examining the patient.
Q. Okay.
A. In that state, you know.
Q. That indicates that -- the

January 7th note from Dr. James indicates he is to be followed up -- followed again in two weeks, correct?
A. Well -- follow-up in two weeks? Is that -- I'm sorry. I --
Q. Let me --
A. Did I -- follow-up in two weeks, yes, ma'am. It's a phone message.
Q. So sometime between January the 7th and the time he would have come back in two weeks, which would have been, assuming fourteen days, the 21st of January of 2004 --
A. Yes, ma'am.
Q. -- he had to be admitted to the hospital --
A. Yes, ma'am.
Q. -- right, nine days later, correct?
A. Yes, ma'am.

Q. After he was -- you saw him on, let's see, January 16th and he was released to go to Birmingham to be admitted to Brookwood Hospital on what date?
A. That I'm not sure of.
Q. What does your discharge note say that he was discharged?
A. It actually said to follow up with a gastroenterologist.
Q. Okay. But it indicates --
A. His office -- as an outpatient. So --
Q. The discharge instructions that I have in front of me say, the patient is to follow up with Dr. Dickerson at Brookwood Medical Center later on the day of discharge, either later in the AM or in the afternoon.
A. Yes, ma'am.
Q. Does that mean that you discharged him to Dr. Dickerson's

care at Brookwood?
A. No, he was not transferred.
Q. Did you discharge him with the understanding that he was to go to Brookwood Hospital --
A. Yes, ma'am.
Q. -- from here?
A. Yeah.
Q. Did you have a conversation with Dr. Dickerson at Brookwood?
A. I spoke to him before he was discharged. Thought we would possibly transfer versus out-patient workup. I believe this was at the -- this may have been at the family's request.
Q. Have you ever reviewed any of the medical records from Brookwood Hospital from the day he was admitted, January the 20th, 2004?

A. No, ma'am.
Q. Would it surprise you to know the history and physical from Dr. Dickerson indicates that he reported to him that he -- while he was here in the hospital under your care that he was taking Robaxin, Phenobarb, Zyprexa, Seroquel and Neurontin and Klonopin three times a day? Would that surprise you?
A. Oh, yes.
Q. Would that also indicate that he is not truthful?
A. Oh, yes, ma'am.
Q. After you released him on January the 20th, 2004 when is the next time you saw him?
A. January 20th -- May.
Q. And in May what did you see him for?
MR. STOCKHAM: I think that he was -- January 28th was the next time he saw him.

Q. Okay. After he was released in the hospital on January 28th you saw him again as a patient on May the what?
A. May the 27th.
Q. And can you tell me, Dr. Law, why he came to see you?
A. I believe he came in for a sinus infection.
Q. And what did he tell you that he was taking at that time?
A. According to my records here I have Vicoprofen twice a day.
Q. What is that drug?
A. It's a combination of hydrocodone and ibuprofen.
Q. Did he tell you who had prescribed it for him?
A. No, ma'am, I don't think so.
Q. And you just saw him for the sinus infection; is that correct?

A. Yes, ma'am. And since I was -- since he was there I may have done some lab work. I rechecked his liver function test.
Q. How was it at that time?
A. His proton had normalized and his liver function tests had normalized as well.
Q. And did you have any discussion with him about any alcohol or illicit drug use at that time?
A. According to the records he's not had any recent alcohol use or recent illicit drug use.
Q. And that was in May of 2004, correct?
A. Yes, ma'am.
Q. And what did you do for him on that occasion?
A. I gave him an antibiotic, decongestant and Vicoprofen for his -- he has chronic lower back pain.

Q. And when did you see him again after that?
A. This was, looks like, September of 2007 -- no, 2004. I'm sorry.
Q. And why did he come to see you in September of 2004?
A. He was having upper abdominal pain at that time. I was worried it might be an ulcer.
Q. Is there -- what did you do for him, Dr. Law?
A. I think I gave him some Percodan and made him an appointment to see Dr. Holcombe, along with some Nexium. And I guess he was restarted on his Seroquel, Zoloft and Klonopin at that time.
Q. Do you have any idea who was prescribing these medications for him?
A. I believe he was seeing a

psychiatrist at Brookwood at that time. I just have this written down that he was admitted to Brookwood recently for post-traumatic stress disorder. And that's -- he was started on Seroquel, 200, Klonopin twice a day, the Percodan and the Zoloft.
Q. And when you saw him you just referred him on. Did you change any of his medications at that time?
A. No, ma'am. No, ma'am.
Q. And when was the next time you saw him?
A. This is November. This was two months later.
Q. What was he coming to see you for on that day?
A. Right leg pain.
Q. And what kind of treatment did you prescribe for him at that time?

A. I gave him some Percocet and refilled his Seroquel and Zoloft.
Q. Did you start taking over his treatment for the psychiatric care at that time?
A. No, ma'am. I don't know if he needed a refill -- I think he was seeing a Dr. Teizen at Brookwood. And I don't know if he needed a refill, so that's why I only gave him a couple months worth.
Q. Did you verify the dosages prior to prescribing that medication for him?
A. No, ma'am.
Q. You just went by what he told you?
A. Yes, ma'am.
Q. And then -- did you see him again after November of 2004?
A. No. I think after that I

noticed that we had -- I had filled several narcotics for him and so I became suspicious and I did a drug check with several different pharmacies and found out that he had been getting narcotics from other physicians.

Q. Tell me why you did that and what you did, please.

A. Well, I just noticed the basic trend that he was getting -- every time he had come in he had wanted narcotics.

Q. What if -- if a patient comes in wanting narcotics or seeking narcotics what does that indicate to you as a physician, Dr. Law?

A. Initially I give them the benefit of the doubt, the first episode or two, especially if someone comes in with pain and you don't know him. Then if I'm

suspicious after two or three episodes I'll do a drug check.

Q. What does a drug check entail?

A. I'll call the -- I'll have my nurse call the pharmacy or different pharmacies to check to see if other narcotics have been filled from other physicians.

Q. Is that something standard you do with any patient who comes in that you suspect may be --

A. Yes, ma'am.

Q. -- starting to abuse the prescription drugs?

A. Yes, ma'am.

Q. What pharmacies were called here?

A. According to these records here RiteAid. He had been getting several different prescriptions for different pain medications, from two or three different physicians.

Q. So those -- your nurse's records indicate that he was doctor hopping and drug-seeking, correct?

A. Yes, ma'am. So that's when I dismissed him from the office.

Q. And I do -- I believe that there is -- and I do not have a copy of this. I would like to get a copy of this --

A. Yes, ma'am.

Q. -- and attach it as Plaintiff's Exhibit Two. And this being -- Doctor, this is the record that -- right on here on top (indicating) that you -- it's got a Cymbalta note, sticky note. Is this your nurse's indication of the different pharmacies she called?

A. Yes, ma'am.

Q. And the attached letter is dated November 22nd of 2004. It's certified mail addressed to Mr.

Kelly.

A. Yes, ma'am.

Q. Appears to be signed by Dr. Temple and Dr. Corbin and yourself; is that correct?

A. That's right.

Q. And could you tell us basically what this letter is and what the purpose of that letter is, please, sir?

A. Well, if we suspect that someone is abusing narcotics and find out that they're getting narcotics from other physicians or using it inappropriately then we'll dismiss them from our office by sending them a certified letter by mail.

Q. Basically, telling them you're not going to see them again?

A. Right. And then we sent that.

Q. And I do not have a copy

of this letter in my records. So if I can get a copy of this --
A. Yes, ma'am.
Q. -- letter we'll attach this as Plaintiff's Exhibit Three -- I mean, Defendant's Exhibit Three. Sorry.
(Whereupon, Defendant's Exhibit Four was marked for identification.)
Q. And, Dr. Law, I have what I've had marked as Defendant's Exhibit Number Four and -- that I did not get a copy of from your records. But is that from you? Did you do that?
A. Yes, ma'am.
Q. And that basically looks like you wrote a prescription out saying he could not be returned to jail; is that correct?
A. Yes, ma'am.

Q. Who asked you to do that?
A. I can't recall. I can't -- either he or his family.
Q. Are you aware as a doctor that you don't have that authority to tell -- to tell --
A. Yes, ma'am.
Q. -- somebody he can't go back to jail?
A. Right. I --
Q. Were you aware of it at the time you --
A. I didn't know that when I --
Q. -- wrote the prescription?
A. -- when I wrote this prescription.
Q. Are you aware as a doctor that you can't get somebody out of jail, that that's got to be done by a judge?
A. Yes, ma'am.
Q. Okay.

A. Well, now I am.
Q. Now you are?
A. But before then I didn't know.
Q. Okay.
A. I think I have talked to someone about this before and there is some issue here. But, yes, ma'am.
MS. MCDONALD: I'll attach this as Defendant's Exhibit -- what were we, Four? I think it is.
Q. Let me ask you a question, Dr. Law. When you saw Mr. Kelly in the hospital on January 16th of 2004 you did an examination of him, correct?
A. Yes, ma'am.
Q. We talked about what the examination revealed, about his hands and about he had some ascites in his abdominal area. And I think you said he was -- his feet were a

little bit swollen?
A. Yes, ma'am, they were.
Q. Did you see any indication of any abuse?
A. Like IV drug use or --
Q. No, if you -- let me let you look at your -- the history and physical from Russell Hospital dated January 16, 2004. You did a physical examination of him, correct?
A. Yes, ma'am.
Q. If you will look over that. If he had had any type of bruising on his body would it be noted under your physical exam?
A. Usually but I can't tell you a hundred percent.
Q. And if you had -- if you had seen any indication that there had been any physical abuse would you have noted it?
A. Yes, ma'am.

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Q. And it's not noted there, correct?
A. That's correct, yes, ma'am.
Q. And is there -- was there any indication that he had any broken ribs?
A. No, ma'am.
Q. And if he had had any indication or you had felt like when you did an examination of him that he had had broken ribs would you have sent him down for x-rays --
A. Oh, yes, ma'am.
Q. -- for that? And would that also be noted here either in the history and physical or in your discharge notes?
A. Yes, ma'am. I mean, you'd think he'd tell me, you know --
Q. Right.
A. -- if he was hurting.

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Q. You would think that, wouldn't you.
Did he -- you did an examination of his abdomen. If he had noted any pain when you did an examination of that abdominal area would you have explored it further?
A. Not unless I knew what it was or what was causing the pain.
Q. Right. And you did an examination of his extremities. Did you see any indication of abuse either on his arms or his legs?
A. No, ma'am.
Q. Did he report any abuse to you when you saw him on January the 16th?
A. No, ma'am.
Q. Any kind --
A. Like physical abuse or --
Q. Any kind of physical abuse?
A. No.

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Q. And during that admission to the hospital those -- I assume you saw him over those four days that he was here?
A. Yes, ma'am.
Q. Regular -- I mean, daily?
A. Yes, ma'am.
Q. Would you have seen him more than one time a day?
A. Yes.
Q. At any time during those four days did he report any type of physical abuse to you?
A. No, ma'am, not that I can recall.
Q. And did you see any indication during those four -- that four day period any type of physical abuse?
A. No, ma'am, not that I can recall, so --
Q. And you returned -- he returned to the hospital in

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January -- later on in January, the 28th, maybe?
A. Yes, ma'am, I believe so. 28th.
Q. And, again, I'll ask you this in questions. Did -- is there any report of any physical abuse at that time?
A. No, ma'am.
Q. And did you admit him on that occasion?
A. Yes, ma'am, I did.
Q. And would you have done a history and physical on him on that date?
A. Yes, ma'am.
Q. You would have done a physical examination of him as well, Dr. Law?
A. Yes, ma'am.
Q. And did you note there being any type of physical abuse at that point?

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A. No, ma'am.
Q. Did he report any --
A. Not that I can recall.
Q. -- report any physical abuse to you at that time?
A. No, ma'am.
Q. And then you saw him again in May and then again I think it was July and November of 2004 in your office?
A. Yes, ma'am.
Q. At any point did he tell you of any type of physical abuse?
A. No, ma'am, not documented in the chart.
Q. There's no documentation of there -- him having any type of broken ribs?
A. No, ma'am.
Q. When you saw him those -- in May and then again in July and November of 2004 did he report any type of seizure activity to you?

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A. No, ma'am. I still don't have any documentation of any type of seizure disorder chart.
Q. Did you ever have any discussion with him about his being bipolar or having any type of psychiatric illness?
A. I believe yes but I can't recall the details of that conversation or those conversations. I obviously have it written down that, you know, as far as the actual psychiatrist that he saw.
Q. Have you had any -- sitting here today have you had any discussion with any of his psychiatrists who have treated him in the past?
A. No, ma'am.
Q. And you have not seen him since November of 2004, correct?
A. That's correct.

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Q. And according to your letter of November 22nd --
A. Right, I won't --
Q. -- you will not see him again, will you?
A. Right.
Q. If he calls to get an appointment or comes in you're not going to see him; is that right, Dr. Law?
A. That's correct, yes, ma'am.
MS. MCDONALD: I don't think I have anything right now, anything further at the moment, Dr. Law. Thank you.
THE WITNESS: Okay.

EXAMINATION BY MR. WILFORD:
Q. Dr. Law, my name is Gary Wilford and I represent the sheriff at the time all this occurred, Ricky Owens. And I just have a few

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questions for you. Ms. McDonald got most of what I wanted to ask and then some.
Just a background question to start off with. How did you come to choose Alexander City as a place to practice?
A. It's pretty close. My family is in -- well, my parents, they're in Birmingham. I've always lived in Alabama. And so it's pretty -- it was, at that time, pretty close to where my parents lived.
Q. And I'm going to jump around on you because, like I said --
A. Oh, yeah.
Q. -- Ms. McDonald got most of what I was after.
Klonopin is a benzodiazepine, is it not?
A. Yes, sir.

Q. And I think you testified earlier that there was some concern about possible withdrawals when he was admitted to the hospital on the 16th of January of '04, correct?
A. From Klonopin?
Q. Yes, sir.
A. No.
Q. No?
A. No.
Q. So you weren't concerned about him having any withdrawals by discontinuing the Klonopin?
A. Not by just taking it once a day.
Q. Okay.
A. No, sir.
Q. So no chance of benzodiazepine withdrawal?
A. No, sir.
Q. You also testified earlier -- well, I think you testified earlier that you don't use Zyprexa

much; is that -- do I remember that correctly?
A. Yes, sir. Yes, sir.
Q. Why is that?
A. I believe it's an anti-psychotic and it needs to be used primarily by a psychiatrist.
Q. And that's not your specialty?
A. That's correct.
Q. Okay.
A. But, I mean, I have used it some, so -- but I don't routinely use it like I do blood pressure medications.
Q. What would you use the Zyprexa for then? Excuse me. What would you prescribe Zyprexa for?
A. Usually someone who is acutely psychotic and you're tying to get them in to see a mental health worker or a psychiatrist.
Q. So you'd use it as a kind

of a stopgap measure, is that right, temporary?
A. Until their psychiatrist can take over their care. Which, I mean, here in Alabama may take several months.
Q. Is that something you would closely monitor with your patient while they were on it?
A. Yes, sir. Not so much for -- I don't want to say so much for medication side effects but more the response the patient has to the medication.
Q. And there was also some testimony about the increased liver enzymes that Dr. James noted back on January 7 of 2004. Is it your testimony that Dr. James erred in sending Mr. Kelly back to jail on January 7th of 2004?
A. I mean, I can't really make that assessment.

Q. That's what I'm asking. You're not making that assessment, are you?
A. Right, I'm not making that assessment, so --
Q. Doctor, going back to your discharge summary again for the 1-16-04 admission at Russell Hospital. Your second discharge diagnosis, probably drug-induced hepatitis, correct?
A. Yes, sir.
Q. Do you have, as you're sitting here today, any opinion as to the mechanics of how he developed drug-induced hepatitis?
A. It's -- I don't know for sure.
Q. And let me -- just to make sure that -- I hope you understand what my question is. You know, we've talked a little bit about his history of alcohol abuse. We've

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talked about all the different kinds of medications he was on prior to his admission. One thing we haven't asked you about and let me ask this and then we'll ask that mechanics question again.

Were you aware that he had made a statement before that he had been saving up his medications, as many as twenty pills, and would take them all at one time to get a buzz? Were you ever informed of that?

A. No, sir.

Q. So there's another possible mechanic, correct?

A. Oh, sure. I --

Q. Or mechanism.

A. I think I see what you're saying. Are there other possibilities that could cause his hepatitis? Sure. I mean, if he was taking a lot of Lortab, which

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has Tylenol in it, I mean, that is possible. That's why I could not say definitively that he had -- that it was related to these particular drugs that he was receiving.

Q. Okay.

A. I mean -- or it could have been, I guess, not likely if -- I was going to say alcohol induced. But it depends on how long he was incarcerated.

Q. Could it also depend upon how long he had been an alcoholic?

A. No, sir. Usually it's an acute episode when the liver function tests go up.

Q. Okay.

A. They don't usually remain persistently elevated.

Q. Let's look, then, back at the history and physical again from the 1-16-04 --

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A. Yes, sir.

Q. -- admission, the medications that you had listed there at the time. Could an overdose of Zyprexa have caused those increased liver enzymes that you saw?

A. Sure. Yes, sir.

Q. Same --

A. I mean, that's possible. I mean, you can say that of any of the other medications --

Q. That's what I was going to ask you. For each one of those --

A. Same thing.

Q. -- an overdose of those could cause those increased liver enzymes, correct?

A. Yes, sir.

Q. And an overdose from any one or more than one of these medications would also have been consistent with your physical

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observations of the patient, correct?

A. Yes, sir.

Q. I believe you also testified that in taking all of these medications that we saw there listed on the 1-16-04 history and physical would have a cumulative sedative correct; is that correct?

A. Yes, sir.

Q. What impact --

A. Most likely.

Q. I'm sorry?

A. Most likely, yes.

Q. What impact -- well, let me back up and ask a setup question.

Is it possible to build up a tolerance to these kind of medications?

A. I would have to say yes.

Q. Would having a tolerance or a patient that had developed a

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tolerance, would it decrease the sedative effect of these medications?
A. Yes, sir. That's possible.
Q. For the condition that you saw him on on January 16th, 2004 going through into January 20th of 2004 would his fluid intake prior to his admission have been important?
A. You mean, in between his first and second admission or --
Q. No, sir, prior to the first time you saw him.
A. Oh, yes.
Q. Would that have been -- for the condition you saw him for would his history of fluid intake have been important?
A. Yes, sir.
Q. If he had not been taking sufficient fluids would that have

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been something that you would have noted had you been made aware of it?
A. Oh, yes, sir.
Q. Okay.
A. Yes, sir.
Q. Just a second, Doctor.
Maybe one or two last questions, Doctor.
During his admission from 1-16 to 1-20-04 did you ever personally speak with anybody from the Coosa County jail?
A. No, sir, I don't think so. Don't think so.
Q. Would you have reflected that in your records somewhere?
A. Most likely, yes, sir.
MR. WILFORD: Okay. That's all I have. Richard, any follow-up questions?

REEXAMINATION BY MR. STOCKHAM:

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Q. Yeah, one last follow-up question on Exhibit Seven. This is the emergency room doctor's note. Under past medical history it reflects, substance, slash, alcohol abuse, down there in the lower left-hand corner?
A. Yes, sir.
Q. And it's got drug abuse and alcohol abuse circled under social history?
A. Yes, sir.
Q. Do you know who gave that information to the intake doctor?
A. That I'm not sure about. I mean, that would depend on what the -- I guess the ER physician.
Q. And looking at the -- but that would be something that was available to you to review when he came up on the floor?
A. Oh, yes, sir.
Q. Now, you've noted in your

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record that he had significant chronic lower back pain --
A. Yes, sir.
Q. -- as part of your secondary diagnoses. Were any of these drugs that you noted for that pain?
A. Nothing but the Robaxin possibly.
Q. Do you know the extent of the pain he suffered from his lower back?
A. No, sir.
Q. Okay. No note about that?
A. No, sir.
MR. STOCKHAM: Okay. That's all I have.

REEXAMINATION BY MS. MCDONALD:

Q. I have a couple questions real quick.
What was not made available to you when you first saw

him was the history of what he was taking prior to November the 16th of -- November 13th of 2003 when he was admitted to Coosa County jail, correct?
A. Yes, ma'am.
Q. And you did not have any knowledge that up until November the 26th of 2003 he was not taking Clonazepam, Neurontin, Zyprexa, phenobarbital or Seroquel, correct?
A. Yes, ma'am.
Q. So what you did not know when you began treating him for possible drug-induced hepatitis is what drugs he was taking and for how long he had been taking them --
A. That's correct.
Q. -- correct?
When -- Dr. James' notes when -- of January 7th of 2004, when he did those blood tests -- if you will look at those records for

me real quick, Dr. Law, the results of the lab work, the CBC and the -- what else -- is that --
A. Urine --
Q. -- a metabolic rate?
A. Urinalysis and --
Q. Can you compare those to the -- to the lab results that were done nine days later on January 16th in your -- that are in your history and physical or in your -- in the notes from Russell Hospital?
A. Yes, ma'am. I believe that his -- that everything was essentially unremarkable except for the liver function tests.
Q. Right.
A. Were much higher.
Q. So the liver function tests that were done on January the 7th compared to the ones that were done when he got there on January -- or when you saw him on January

16th, how do those compare?
A. I mean, they're quite a bit higher.
Q. Based on -- I mean, your understanding of the medications that he was taking can you account for that big of a difference over nine days?
A. Oh, yes. I mean, as far as it is possible, yes, ma'am.
Q. And can -- but you can't tell when it happened, can you?
A. That's correct.
Q. And it can happen in -- within a twenty-four hour period?
A. As he said --
Q. Okay.
A. -- yes, ma'am.
Q. I mean, you could be walking around kind of fine and then within a twenty-four hour period become jaundiced and have the extended abdomen --

A. Yes, ma'am.
Q. -- correct?
And the pictures that you were shown earlier, you didn't make those pictures did you?
A. No, ma'am.
Q. Do you have any idea who made them or when they were made or where they were made?
A. No, ma'am.
Q. You don't even know if they were made in any time period that relates to his admission to the January 16th, 2004 hospitalization, do you?
A. That is correct.
Q. And having never seen Mr. Kelly before you have no idea whether he's got a fat tummy or not before, do you? I mean, I know he had some fluid on his stomach because you --
A. Whether or not he may have

a protuberant abdomen?
Q. Which is not unusual in somebody who's an alcoholic, is it?
A. That's for -- just --
Q. Thirty something --
A. Any male --
Q. -- year old male who is --
A. Any male, yes, ma'am.
Q. Who's not working because he is disabled. So it's not unusual for you to have a little weight on you and men gain weight in their bellies, don't they?
A. Yes, ma'am.
MR. STOCKHAM: Objection. Calls for speculation.
Q. You --
(Whereupon, an off-the-record discussion was held.)
Q. You've been practicing seven years as a general practitioner of family medicine,

correct?
A. Yes, ma'am.
Q. And you treat men of all ages, correct?
A. Yes, ma'am.
Q. And based on your practice in family medicine for the last seven years do you find that men tend to gain weight in their stomachs --
A. Yes.
MR. STOCKHAM: Objection.
Q. -- as they get older?
MR. STOCKHAM: Calls for speculation.
MR. WILFORD: You can answer, Doctor.
THE WITNESS: Oh, I can?
MR. WILFORD: Yes.
A. Yes. Yes, ma'am.
MS. MCDONALD: I don't have any other questions.
MR. WILFORD: I don't have

anything else.
(Whereupon, an off-the-record discussion was held.)
(Whereupon, Defendant's Exhibits Two and Three were marked for identification.)

FURTHER THE DEPONENT SAITH NOT

CERTIFICATE

STATE OF ALABAMA)
JEFFERSON COUNTY)

I hereby certify that the above and foregoing deposition was taken down by me in stenotype, and the questions and answers thereto were reduced to typewriting under my supervision, and that the foregoing represents a true and correct transcript of the deposition given by said witness upon said hearing.
I further certify that I am neither of counsel nor kin to the parties to the action, nor am I in anywise interested in the result of said cause.

_____
Sandra Peebles Daniel
Commissioner

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